

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G652		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/07/2011	
NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN47240			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 3, 4, 5, 6 and 7, 2011.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 001190 AIM Number: 10023930 Provider Number: 15G652</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/18/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0130	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 3 sampled clients (#3), and 2 additional clients (#4 and #5), the facility failed to prompt/train clients to protect their personal privacy during dressing.</p> <p>Findings include:</p>			W0130	<p>QIDP will retrain staff on prompting clients to maintain personal privacy while dressing. If necessary, training will be included as part of any client's program plan to learn the importance of personal privacy. QIDP will conduct random observations at least monthly to ensure compliance in this area.</p>		11/06/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>During morning observations at the facility on 10/04/11 from 5:50 AM until 7:35 AM clients were awakened by staff #9. Clients #3, #4, and #5 were observed to keep the doors to their bedrooms open while they dressed. Clients #3, #4, and #5 were visible to the surveyor standing in the hallway area as they dressed. Client #3 was observed to go to her closet which was across from her open bedroom door. Client #3 was observed to dress directly across from the open bedroom door. Staff #9 did not redirect her. Client #5 was dressing with her bedroom door open at 6:11 AM when staff #5 noticed she was dressing with the door open. Staff #5 did not prompt client #5 to close her bedroom door. Client #4 was dressing with her bedroom door open and visible to staff #9 and #5 who did not redirect her.</p> <p>Interview with Administrative staff #1 on 10/04/11 at 12:30 PM indicated staff #5 and #9 should have prompted clients #3, #4, and #5 to protect their personal privacy while they checked on them as they dressed.</p> <p>9-3-2(a)</p>				Responsible for QA: QIDP		

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W0186	<p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure sufficient staff were provided at the day program to supervise client #2 during meals and snacks.</p> <p>Findings include:</p> <p>During observations at the day program (Personal Enhancement Program/PEP) on 10/05/11 from 11:40 AM until 1:20 PM, client #2's lunch was observed. Client #2 was observed to be in a classroom with one instructor (workshop administrator/WA staff #10) and 5 peers. WA #10 was observed to assist client #2 with obtaining her lunch and opening a beverage can and the containers of pureed food. Client #2 was observed to spoon feed herself the pureed food. WA #10 was observed to assist other clients while client #2 ate. The other participants required some physical assistance with opening containers and heating food. One client required physical assistance with</p>			W0186	<p>Day program manager has restructured the program to allow for the appropriate level of supervision during meals and snacks for Client #2. QIDP will conduct random observations at least monthly to ensure compliance in this area.</p> <p>Responsible for QA: QIDP</p>		11/06/2011

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	<p>eating cake. Client #2 was observed to require multiple verbal reminders to take sips of her beverage throughout the meal.</p> <p>Review of facility incident reports on 10/03/11 at 2:15 PM indicated an incident dated 9/29/11 at 2:15 PM submitted by WA #10 on 9/29/11 regarding client #2. The incident report indicated workshop staff #11 was supervising client #2 on 9/29/11 at 2:15 PM during break/snack time. The report indicated client #2 "choked on her applesauce."</p> <p>The report indicated client #2 "coughed up the applesauce...she has issues with choking ongoing."</p> <p>Review of client #2's record on 10/04/11 at 9:40 AM indicated her diagnoses included, but were not limited to, esophageal stricture and dysphagia. The record review indicated client #2 had a program plan dated 4/21/11 with accompanying 4/11/11 dining plan which indicated she was at risk for choking so she required a pureed diet consistency. The dining plan indicated client #2 required one to one supervision because of her choking tendency during meals. The dining plan indicated the supervision was to ensure client #2 took small bites of food and small sips of thin liquids during the meal.</p> <p>Interview with staff #10 on 10/05/11 at</p>						

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W0249	<p>1:00 PM indicated arrangements would be made for extra staff during client #2's meals to ensure she had the necessary one to one staff assistance at her day program. Interview with workshop staff #11 on 10/05/11 at 1:15 PM indicated the PEP program utilized two rooms at the workshop. Two instructors (one per room) supervised two groups of five to seven individuals with intellectual and physical challenges. The interview indicated there were no extra personnel to assist with meals or snacks at the time of the 9/29/11 choking incident.</p> <p>Interview with Administrator #1 on 10/05/11 at 2:00 PM indicated client #2 was at risk for choking and required one to one staffing during meals and snacks to ensure her safety.</p> <p>9-3-3(a)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the client's</p>			W0249	Day program manager has restructured the program to allow for the appropriate level of supervision during meals and		11/06/2011

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	<p>dining program was implemented.</p> <p>Findings include:</p> <p>During observations at the day program on 10/05/11 from 11:40 AM until 1:20 PM, client #2's lunch was observed. Client #2 was observed to be in a classroom with one instructor (staff #10) and 5 peers. Staff #10 was observed to assist client #2 with obtaining her lunch and opening a beverage can and the containers of pureed food. Client #2 was observed to spoon feed herself the pureed food. Staff #10 was observed to assist other clients while client #2 ate. The others required some assistance with opening containers and heating food. One client required physical assistance with eating cake. Client #2 was observed to require multiple verbal reminders to take sips of her beverage throughout the meal.</p> <p>Review of client #2's record on 10/04/11 at 9:40 AM indicated her diagnoses included, but were not limited to, esophageal stricture and dysphagia. The record review indicated client #2 had a program plan dated 4/21/11 with accompanying 4/11/11 dining plan which indicated she was at risk for choking so she required a pureed diet consistency. The dining plan indicated client #2 required one to one supervision because</p>				<p>snacks for Client #2. QIDP or designee will conduct random observations at least monthly to ensure compliance in this area. Responsible for QA: QIDP</p>		

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W0440	<p>of her choking tendency during meals. The dining plan indicated the supervision was to ensure client #2 took small bites of food and small sips of thin liquids during the meal.</p> <p>Interview with staff #10 on 10/05/11 at 1:00 PM indicated arrangements would be made for extra staff during client #2's meals to ensure she had the necessary one to one staff assistance at her day program. Interview with Administrator #1 on 10/05/11 at 2:00 PM indicated client #2 was at risk for choking and required one to one staffing during meals and snacks to ensure her safety.</p> <p>9-3-4(a)</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and 2 additional clients (#4 and #5), the facility failed to ensure day shift, evening shift sleep time evacuation drills were conducted at least quarterly.</p> <p>Findings include:</p> <p>Fire evacuation drills from 9/10 to 10/11 with clients #1, #2, #3, #4 and #5, as participants were reviewed on 10/04/11 at 10:30 AM.</p>			W0440	<p>QIDP will retrain staff on requirements for regular evacuation drills. A schedule will be posted in the home to ensure drills are performed as required for each shift. QIDP will review this monthly at house meetings to ensure compliance.</p> <p>Responsible for QA: QIDP</p>		11/06/2011

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	<p>The review indicated no sleeptime fire drill (11:00 PM until 5:00 AM) for the fourth quarter of 2010 (October, November and December), or the first quarter of 2011 (January, February and March), or the third quarter of 2011 (July, August and September).</p> <p>The review indicated no daytime (7:00 AM to 3:00 PM) drills for the fourth quarter of 2010 (October, November and December) or the first quarter of 2011 (January, February and March).</p> <p>There was no evening shift (3:00 PM to 11:00 PM) drills for the second quarter of 2011 (April, May and June) or the third quarter of 2011 (July, August and September).</p> <p>Interview with Administrative staff #1 on 10/04/11 at 11:00 AM indicated no additional drill records for the facility.</p> <p>9-3-7(a)</p>						